



Title	Oral coriolus versicolor polysaccharide peptide is beneficial by slowing the progression of lung cancer
Author(s)	Ip, S; Lam, CL; Ho, JCM; Lam, B; Yan, C; Ip, MSM; Chan-Yeung, MMW; Lam, WK; Tsang, KWT
Citation	The 8th Medical Research Conference Abstracts, Hong Kong Medical Journal, Hong Kong, China, 25-26 January 2003, v. 9 n. 1 Supp 1, p. 93
Issued Date	2003
URL	http://hdl.handle.net/10722/46901
Rights	Creative Commons: Attribution 3.0 Hong Kong License

RM-17 Oral coriolus versicolor polysaccharide peptide is beneficial by slowing the progression of lung cancer

Ip S, Lam CL, Ho JC, Lam B, Yan C, Ip MS, Chan-Yeung M, Lam WK, Tsang KWT. Dept of Medicine, University of Hong Kong, Hong Kong SAR, China.

Purpose: Non-small cell lung cancer (NSCLC) is the commonest cause of cancer death in HK and most patients present in advanced stages thereby missing the opportunity of curative surgical treatment. *Coriolus versicolor* cov-1 PSP has been anecdotally assumed to have anti-cancer effects, and is considered as capable of alleviating symptoms in cancer patients. These highly desirable claims have not been investigated in a controlled fashion.

Methods: We have performed a double-blind placebo-controlled randomized study to evaluate the effects of 3-day administration of PSP (3 capsules TDS) on patients with advanced NSCLC, who have completed standard treatment with chemotherapy and/or radiotherapy.

Results: 34 patients were recruited into each of the PSP (n=34; 11F; age 61.3±11.3 yr; and TNM II 1, IIB 1, IIIA 1, IIIB 10, IV 18) and placebo (PG; n=34; 11F; age 55.3±10.7 yr; and IIIA 1, IIIB 12, IV 18) arms. The two arms did not differ in their previous treatment with chemotherapy, radiotherapy or surgery (p>0.05). No adverse reaction attributable to the trial medications, was reported by either treatment groups. Altogether 10 patients could not complete the study due to clinical deterioration. Of these, 2 cases were from PSP and 8 from PG (p=0.03). There was no significant difference in the body mass index (p=0.78), total calorific intake (0.58), Global Health Status (0.77), quality of life parameters of EORTC-C13 (>0.05), although PSP treatment was associated with improvement in total leucocyte count in blood (0.003) and body fat content (0.02) after treatment.

Conclusion: Our preliminary data show that PSP treatment could be associated with slower deterioration in the clinical course of patients with advanced NSCLC, and have no adverse reactions. Our results not only suggest that further clinical trials should be conducted on the effects of PSP on NSCLC, but also show that standard GCP trial criteria could be applicable to research in alternative medicine.

(Supported by a donation from the Suen Chi Sun Foundation)

RM-18 Clinical outcome of advanced lymphoepithelioma-like carcinoma of the lung after chemoradiotherapy

JC Ho, WK Lam, *MP Wong, MK Wong, *GC Ooi, B Lam, MS Ip, KW Tsang. Departments of Medicine, *Pathology, and *Diagnostic Radiology, University of Hong Kong, Hong Kong.

Background: Lymphoepithelioma-like carcinoma (LELC) of the lung, an Epstein-Barr virus-associated undifferentiated carcinoma, is a rare form of non-small cell lung cancer. It predominantly affects young non-smoking Asians and is believed to be frequently resectable. However, there has only been limited experience with the use of palliative chemotherapy and radiotherapy for the treatment of advanced LELC of the lung.

Methods: We prospectively recruited cases of LELC of the lung with a standard clinical protocol in a tertiary respiratory referral center. Patients with confirmed advanced LELC of the lung were given chemoradiotherapy treatment.

Results: There were 13 patients (5 males, age 47.9 ± 9.4 years, median follow-up 22 months) with advanced LELC of the lung (1, 7, and 5 patients at TNM stage IIIA, IIIB, and IV) who received systemic chemotherapy and radiotherapy. The primary chemotherapy regimens included 5-fluorouracil/leucovorin/cisplatin (FLP) [n=10], mitomycin C/ifosfamide/cisplatin (MIP) [n=1], paclitaxel/carboplatin (TC) [n=1], and gemcitabine/cisplatin (GC) [n=1]. The response rates to FLP were 60% partial response, 10% stable disease, and 30% progressive disease. Partial responses were also observed in patients given MIP and GC. The one given TC had progressive disease. Ten patients were given local radiotherapy. Six patients received salvage chemotherapy when disease progressed after primary chemotherapy. The overall median survival for patients given FLP was 20.6 ± 6.5 months.

Conclusion: The encouraging response to combination chemotherapy (FLP) supports its use, along with radiotherapy, in unresectable LELC of the lung.